

Form Number 1

STATE OF INDIANA) IN THE WARRICK SUPERIOR COURT NO. 1
) SS:
COUNTY OF WARRICK) CASE NO. _____

IN RE THE _____ OF: _____

Petitioner,

V.

Respondent.

APPEARANCE

1. _____ Party: _____

2. Attorney Information: Self-Represented

3. Case Type : DR

4. Will **NOT** accept FAX service.

5. Names of all family members: _____

_____ child/ren are involved in this matter.

6. Are there related cases? Yes___ No ___

Case Number(s): _____

Signature

Print your name

Mailing Address

Town, State and Zip Code

Telephone number, with area code